

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/21/2011
FORM APPROVED
OMB NO. 0938-0391

454 3/06/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2011
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NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, ATHENS

STREET ADDRESS, CITY, STATE, ZIP CODE

1204 FRYE ST

ATHENS, TN 37303

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F 000	INITIAL COMMENTS	F 000		
F 159 SS=D	<p>The annual Recertification Survey and complaint investigation # TN 27018 were conducted on January 18 - 20, 2011. No deficiencies were cited related to the complaint, under 42 CFR PART 483.13, Requirements for Long Term Care.</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p>	F 159	<p>This plan is submitted as required under State and Federal Law. The submission of this plan does not constitute an admission on the part of NHC HealthCare Athens as to the accuracy of the Surveyor's findings nor the conclusions drawn there from. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <ol style="list-style-type: none"> 1. Resident #5's responsible party was notified their patient trust fund balance was within \$200.00 of the SSI income limit. 2. Patient or their responsible party with a patient trust fund balance within \$200.00 of the SSI income limit have been notified. 3. Bookkeeping staff will be in-serviced regarding the facility policy/procedure for handling patient trust fund. 4. The Administrator or designee will review patient trust funds monthly and responsible parties will be notified when they reach \$200.00 of the SSI income limit. 	3-4-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jonathan S. H. Es**Administrator*

2-3-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 159	<p>Continued From page 1</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of patient trust accounts, facility policy review, and interview, the facility failed to notify the resident or the resident's responsible party when the balance in the resident trust account was within \$200.00 of the SSI (Social Security Income) resource limit (\$2,000.00) for one resident (#5) of thirty resident trust account balances reviewed.</p> <p>The findings included:</p> <p>Review of resident #5's trust fund statement dated November 1, 2010, through January 19, 2011, revealed a balance of \$1,875.30 on December 10, 2010, and a balance of \$1,918.70 on January 7, 2011.</p> <p>Review of the facility's policy Patient Trust Balance Review revealed "...Federal regulations require that patients or their responsible party be notified when balances in their Patient Trust account are within \$200.00 of the state maximum</p>	F 159		

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F 159	Continued From page 2 asset balance..."	F 159		
F 315 SS=D	<p>Interview on January 19, 2010, at 10:50 a.m., with the Assistant Bookkeeper, in the conference room, confirmed resident #5 or resident #5's responsible party had not been notified the resident's trust fund balance was within \$200.00 of the SSI income limit.</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, facility policy review, and interview, the facility failed to develop a bladder retraining/toileting program for one (#15) of nineteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #15 was admitted to the facility on November 29, 2010, with diagnoses including Congestive Heart Failure, Diabetes, and Chronic Obstructive Pulmonary Disease.</p> <p>Medical record review of the Minimum Data Set</p>	F 315	<ol style="list-style-type: none"> 1. Resident #15 has been started on a bladder training/retraining program. 2. Residents with incontinence were reviewed by Nursing for appropriate bladder training/retraining programs. No other residents were found to be affected by the same occurrence. 3. Licensed staff will be in-serviced by 3/06/2011 and through orientation concerning bladder training/retraining program. 4. The DON or designee will review residents with incontinence to evaluate if resident is appropriate for bladder training/retraining. The findings will be reported to the quality assurance committee monthly for three months. 	3-6-11

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F 315	<p>Continued From page 3</p> <p>(MDS) dated December 6, 2010, revealed the resident was able to make needs known, able to understand what was said, and was frequently incontinent of bladder.</p> <p>Medical record review of the urinary incontinence Care Area Assessment (CAA), for the MDS dated December 6, 2010, revealed the resident was able to recognize the need to urinate.</p> <p>Medical record review of the Urinary Incontinence Assessment & Evaluation revealed "...Can the resident comprehend & follow through on education & instructions? Yes. Can the resident identify urinary urge sensation? Yes...If the answers to the above questions are 'YES,' or conditions are reversible such that the resident can comprehend & learn, proceed with the retraining program as appropriate to the resident..."</p> <p>Medical record review of a toileting grid, for resident #15, revealed the resident had twenty-eight episodes of urinary incontinence documented from January 3-13, 2011.</p> <p>Observation and interview on January 19, 2011, at 4:00 p.m., revealed the resident lying on the bed, and stated was aware of toileting needs, and incontinence briefs were utilized.</p> <p>Review of the facility's policy Toileting Plans for Urinary Incontinence revealed "The purpose of this procedure is to provide guidelines for the initiation and monitoring of behavioral interventions and/or a toileting plan for the resident with urinary incontinence...Monitor, record and evaluate information about the resident's bladder habits, and continence or</p>	F 315			

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F 315	Continued From page 4 incontinence, including: Voiding patterns (frequency, volume, time, quality of stream, etc...Assess the resident for appropriateness of behavioral programs which promote urinary continence. The resident must possess some essential skills to be successful with specific interventions attempted. Staff must identify whether the resident can: Comprehend educational efforts and follow-through with instructions; Identify the urge to urinate..." Interview on January 19, 2011, at 3:40 p.m., with Registered Nurse #1, at the nursing station, revealed the staff was to toilet the resident every two hours, and confirmed a bladder retraining/toileting plan had not been developed for the resident.	F 315		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441	1. Resident #15 is receiving care following proper hand-washing, infection control procedures. The Administrator and DON of NHC HealthCare Athens counseled and in-serviced LPN #1 on proper hand-washing and infection control. 2. Through observation no other residents were found to be affected by the same practice. 3. Staff will be in-serviced by 3/06/2011 regarding proper hand-washing and infection control. 4. The DON or designee will monitor hand-washing and infection control procedures and will report to the quality assurance committee monthly for three months.	3-4-11

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F 441	<p>Continued From page 5</p> <p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, observation, and interview, the facility failed to ensure staff washed hands and wore gloves to maintain infection control for one (#15) of nineteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #15 was admitted to the facility on November 29, 2010, with diagnoses including Congestive Heart Failure, Diabetes, and Hypertension.</p> <p>Review of the facility policy, Handwashing/Hand Hygiene, revealed, "...Employees must wash their hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:...Before and after direct contact with residents...If hands are</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>not visibly soiled, use an alcohol-based hand rub...before and after direct contact with residents..."</p> <p>Observation on January 19, 2011, at 8:15 a.m. revealed the LPN (Licensed Practical Nurse) #1 placed medication into a medication cup; locked the medication cart; picked up the medication cup and insulin syringe from the medication cart; entered the resident's room and without washing the hands or applying gloves, administered the insulin and medication to the resident.</p> <p>Interview on January 19, 2011, at 8:25 a.m., in the hall, with LPN #1, confirmed hands were not washed prior to administration of the insulin and gloves were not worn to administer the insulin.</p> <p>Interview on January 19, 2011, at 12:00 noon, in the hall, with the Director of Nursing, confirmed hands are to be washed prior to administration of an injection and gloves are to be worn to administer an injection.</p>	F 441		